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**Prevalence of mental health issues and their contributing factors within
the foster care system**

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Abstract

Prevalence of mental health issues and their contributing factors within the foster care system

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This work explores the correlation between the occurrence of mental illness in those individuals who have been through the foster care system as well as some potential causes for the discrepancy between the rate of mental illness in children within the general population versus children in the foster system. Research has found that mental health issues have been linked to individuals who have been through the system occurring at nearly twice the rate of the general population. Substance abuse, depression, PTSD, and attachment issues have all been common mental health problems among this demographic. This paper includes a qualitative study where foster care community workers, foster parents, and former foster children shared their stories. A total of 16 participants were interviewed and 6 narratives were used within the context of this study. The data was evaluated using the phenomenological method to gain access to meaning and themes that emerged from all participants. There were seven main themes that emerged including the foster care system as a “obstacle”, employee perception, peer support, chaos of foster home life, the importance of stability, generational

trauma/healing, and training of staff and parents. The mental health of foster children seems to rely of the success or failure of these themes within the system. Further research needs to be conducted to access what steps can be taken to assuage the impact of mental illness on this population.

Keywords: Foster care, mental health, foster children, phenomenological

Table of Contents

INTRODUCTION (THE FOSTER CARE SYSTEM)	1
Maladaptive Behaviors Arising from the FCS	1
Mental Health in the FCS	5
Research Question	6
METHODOLOGY	8
Research Context	8
Interviews	8
Anticipated Issues	9
Access, Ethics, and Informed Consent	10
RESULTS	12
Brief History of Phenomenology	12
Phenomenology in the Present Study	13
Themes and Testimonies of Participants	13
The FCS as an "Obstacle"	14
Skill and Perception of Employees	14
Peer Support	16
Chaos in Foster Home Life	16
Importance of "Roots" and Stability	18
Generational Trauma/Healing	19
Training and Responsibility	20
DISCUSSION	22
CONCLUSION	26
Appendix A Consent Form	29
Appendix B Interview Guides	32
References	36

List of Tables

Table 1:	Participant Identification Chart.....	13
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INTRODUCTION: THE FOSTER CARE SYSTEM

The foster care system of the United States has had a history of keeping itself protected by shrouding itself in secrecy. Much of the public does not know much about this system unless they themselves have had direct contact with its children or their workers. Over the years, there has been controversy and criticism surrounding the foster care system, most notably due to the circumstances surrounding former foster care youth. Homelessness, mental illness, and criminal acts seem to follow a substantial amount of youth who have formerly gone through the foster care system (FCS). Due to these prevalent issues plaguing the children who have aged out of the foster care system, there is a warrant to look into what etiological realms might contribute to the high number of maladaptive responses we see today within this demographic.

MALADAPTIVE BEHAVIORS ARISING FROM THE FCS

The literature is extremely clear about the prevalence of mental illness among youth in the foster care system, but seems to lack consensus about where the mental health issues may have originated: whether before the facilities, the facilities themselves, the foster homes, or after matriculation/adoption. One study done by the U.S. Department of Health and Human Services (2008) stated “510,000 children were living in foster care in the United States of America. Of these children, 9% were in long term foster care, 23% were waiting for adoption, and 49% were to be reunified with their parents or primary caretakers.” These three domains each have their own type of stress involved that could potentially lead to the development or exacerbation of a mental illness – long term foster children are constantly taken from home to home, children waiting for adoption can be stressed by the stigma surrounding the situation, and children waiting to be unified with family members have the possibility of something going wrong in the process to prevent

them from rejoining or the home might be a toxic environment to which the child may or may not wish to return to. In addition, this leaves approx. 20% of foster care youth in a state of uncertain future, where the stress of their situation could lend itself to the development of mental illness.

The National Survey of Child and Adolescent Well-being (NSCAW) “examined 5,501 US children aged 15 years or younger showed that adopted and foster children were significantly more likely to have had special health care needs and special needs (educational or health professional) than children in other living arrangements” (foster care: 61% had had special health care needs, 50% had had special needs). Foster children were 2.1 times more likely to have ever had special health care needs and 2.3 times more likely to have ever had special needs compared to children who had never been placed out of the home” (Ringeisen et al., 2008). This rate of special needs and health care needs is over double the national average which is an astounding number that raises the question, why aren’t more services being directed toward this population? In a study conducted by Armstrong, Dedrick, & Greenbaum (2003), it was stated “the high prevalence and comorbidity of mental disorders in foster children highlight the need to examine the mental health of children entering foster homes. However, child welfare services often have limited competence and resources for conducting in-depth assessments of mental health.” This leads one to deduce that although there is overwhelming evidence of a mental health crisis within the foster care system, proper resources are not being allotted to this population who seems to be so desperately in need.

But one cannot conclude that because there is a high prevalence of mental health issues within the foster care system, that the foster care system is directly to blame. Before the children arrive within the foster care system, as explained by Chernoff et al. (1994), “children living in foster care often experience threatening situations such as

neglect, domestic violence, physical, or sexual abuse in their family of origin. A history of persistent maltreatment is the most common background for out-of-home placement of children and the failure of biological parents to care for their children is often correlated with mental health problems, such as drug abuse and alcohol abuse.” The children arrive oftentimes already exposed to many of the stressors that those in the mental health field would deem triggers for a variety of mental health problems. It would be irresponsible to therefore conclude that mental health issues stem directly from the foster care environment, when it might be just another trigger set atop mounting stressors in the child’s life.

“In 2004, the National Center on Addiction and Substance Abuse of Columbia University stated that seven out of 10 abused or neglected children had substance addicted parents” (Ringeisen et al., 2008). The theme of substance abuse is reoccurring throughout the literature, seeming to be one of the leading contributions of placement in foster care as well as the leading result cumulating in mental illness in those who have been through the foster care system. A study completed by Pilowsky & Wu (2006) demonstrated this idea, explaining that “foster care adolescents were more likely to use alcohol, about two times more likely to engage in illicit drug use, about five times more likely to be drug-dependent, and about two to four times more likely to have other substance use disorders. Furthermore, they showed more than twice the number of conduct symptoms and were significantly more likely to report suicide attempts and ideation than comparison adolescents.” These two points seem to illustrate the premise that substance abuse in the original foster family may lead to augmented rates of placement in foster care. Once placed in foster care, these children are then more likely to abuse substances themselves. This vicious cycle is just one of the many ways in which

the different environments - before, during, and after foster care can affect a child's development of maladaptive behaviors and mental illness.

There seem to be an agreement that there are long term consequences to these children once they leave the foster care system. Vanderstoep et al. (1995) stressed that "longitudinal research suggests that mental health problems in adolescence are associated with increased risk in young adulthood of dropping out of school, being unemployed, committing crime, abusing substances, and having an unplanned pregnancy." Another correlation in the study mentioned "that there is strong evidence for high prevalence rates of psychiatric disorders in the biological parents of foster children and for high rates of intrauterine exposure to drugs, alcohol, and nicotine." It went on to say that although there are many stressors in their environment, "this accumulation of multiple risk factors does not allow an attribution of symptoms to single factors." (Vanderstoep et al., 1995). This seems to indicate that mental health illness factors and consequences reach not only before placement in the foster care system, but well after. Because of the large span of time and environments the child is exposed to, it is not possible to pinpoint a probable cause for mental health issues.

Another study done by Liebschutz et al. (2002) echoed these sentiments by stating "effects of maltreatment on adolescents are both immediate and long term, with victims at increased risk during adulthood of mental health problems, including depression, anxiety, traumatic stress, and substance abuse." Because of the nature of the environments and the multiple types of mental health issues that arise from individuals exposed to these environments, it would indicate a need for more resources to be allotted to the study of not only the system, but the individuals within the system, to get a better consideration of the connection between mental health and the foster care environment.

MENTAL HEALTH IN THE FCS

Low income families, as well as the children from these families, often face many barriers to receiving adequate health and mental health care (Reis, Zito, Safer et al., 2011). These barriers can include anything from poor nutrition, economic need, environmental violence, etc. Not only do these factors affect how a family can acquire health, specifically mental health, services, but also can all contribute to the development of mental health disorders. Traditionally, children who were subjected to extreme forms of these conditions including severe illness, poverty, or family members death made up a large demographic of the children located in foster care (Reis, Zito, Safer et al., 2011). Many people believed that taking the child out of environments with these extreme conditions would alleviate potential negative mental health side effects. But in one study done by Harman, Childs & Kelleher (2016), it was found that there was a significantly higher use of mental health services administered to children within the foster care system (34.6%) compared to the Aid to Families with Dependent Children Program (AFDC) (8.7%) when all demographic variables were controlled. The study went on to state that foster care children had “6.5 times more mental health claims during the year.” The AFDC aims to financially assist families with children who have low to no income or with one or both parents absent from the home. This seems to indicate the presence of significant differences between the children in the community who are interacting with adverse factors versus those who have also encountered these barriers, but have since been taken out of this environment and placed into foster care.

One of these differences that is much talked about relative to mental health issues in the foster care system is the presence or absence of trauma, specifically abuse or neglect, in the lives of children who enter the foster care system. According to Reis, Zito, Safer et al., 2011, in recent times, 50% of placements in foster care homes have been due

to the abuse and neglect of children as opposed to other aforementioned environmental factors. The study also suggests that the augmentation of abuse and neglect in foster care youth prior to entry in the foster care system has led to a more substantial portion of youth exhibiting emotional and psychological disorders. Between 40%-60% of youths in foster care had a least 1 diagnosed psychiatric disorder and just over a third had three or more. (Reis, Zito, Safer et al., 2011)

While these numbers are alarming, children in foster care are also 7.5 times more likely to use inpatient services compared to other lower SES children not in the foster care system (Harman, Childs & Kelleher, 2016). In fact, the study found children in foster care had Medicaid mental health expenditures 11.5 times greater than those children who qualify for AFDC and that these foster children expenditures for psychiatric drugs were also significantly higher. Even though foster care children seem to be receiving therapy and medical treatment at higher rates than their non-FCS counterparts, they are still 10 times more likely to suffer with a mental health issue long after being removed from the traumatic environment (Landsverk, Ezzet-Lofstrom, Tschann et al, 2000). Even taking into account previous trauma or prior mental illness, the number seem to suggest that more comes into play in regard to mental illnesses in children currently in the foster care system.

RESEARCH QUESTION

Due to the high prevalence of mental health issues that seem to plague the foster care system, this study aims to understand what factors within the system might contribute to sustained or augmented mental illness in foster children, as well as what might be some protective influences. The purpose of this study is to examine the foster care network, albeit through a very narrow looking glass. By speaking to individuals who

have worked, volunteered, fostered, or have themselves gone through the foster care network in Austin, Texas, it might be better understood how the foster care network works, but more than that, how it affects the children who are sent through the system. When looking at local news sources, there seems to be a correlation between former foster care youth and crime, whether substance abuse, homelessness, or violent crimes. These news stories are usually accompanied with some form of mention of a mental health issue as the culprit behind the criminal acts. But what was the cause of the mental issue? It cannot be determined whether this narrative is an accurate one without getting an insiders perspective in the world of foster care. This study seeks to extract the link, if any exist, between the foster care system environment and the prevalence of mental health issues in its children.

METHODOLOGY

RESEARCH CONTEXT

The primary goal of this project was to investigate the prevalence of mental health, but also to keep the integrity of the system and its members. Participants were recruited via snowball sampling by personal contacts. Volunteers were recruited from contacts who have had direct involvement within foster care settings without implication or connection to official facilities. These personal contacts fall into the domain of “friends of friends,” previous work colleagues, and family acquaintances. Participants were selected based on whether they fit the criteria of individuals over the age of 18 who were directly affected, or who directly affect the foster care system. This includes individuals who work as salaried workers in foster care facilities, at community settings that work with the foster care system, have fostered a child, or have been through the foster care system themselves. Participants were interviewed for 30-40 minutes for 1-3 sessions depending on their availability. 20 participants were initially sought and 16 were found to participate: 4 former foster children, 9 community foster care workers and 3 former foster parents. An audio recording device (Sony digital audio recorder) was used to capture the interviews. After the interviews were preformed, they were transcribed word for word to the best of this researcher’s abilities. The qualitative phenomenological method was then followed with no added material inserted by the researcher, and all narration has been held true to context.

INTERVIEWS

There were a collection of three interview guides for each of the three interview types – Former foster care child, former or current worker in the foster care system or working in the community with the foster care system, and former or current families or

close relatives of foster care youth (*see appendices*). These guides were not followed to the letter as the interviews were semi structured and followed what the participant deemed as the important aspects of their experience. All measures were designed specifically for this study based on accessed gaps in the research. The phenomenological method was used to maintain an organic nature to the interview as well as to pursue as much information as possible to achieve saturation. 10 of the interviews were conducted over the phone per the participants request while 6 were face-to-face. Convenience to the participant played a huge role in agreeing on the method of the interview. Phone based interviews were used for those participants who had busy schedules that could not allow face-to-face interviews or who had since moved away from the greater Austin area. From the 16 interviews done, six are included in this study. These participants were those who were interviewed at least twice and gave information that captured the themes of this project.

ANTICIPATED ISSUES

There were many anticipated problems for this research study including participant recruitment, the viability and availability of interviews, as well as the expert level of this researcher. Participant recruitment, as expected, was extremely difficult to pursue. At the beginning of this study, three facilities expressed interest in participating in the study. This interest consisted of staff, former staff, and social workers who might have been willing to participate. Unfortunately, when the study came time to start two of these facilities neglected to move forward with their participation, forcing the research to stay mainly within the limits of the Texas, and specifically Austin, foster care environment. In order to facilitate this change, personal contacts. more than facility participation, became the key to participant recruitment in lieu of the unreliability of local

foster care facilities. The participant recruitment proceeded as expected through snowball sampling of personal contacts via the AISD school system, current colleagues, and former professional associates.

The next obstacle in obtaining the necessary data for this thesis included finding viable interviewees in addition to finding time to conduct these interviews. To separate the viable interviewees from the general group, it was necessary to first hold preliminary “discussion” sessions where each potential participant was screened. This screening process was not based on any personal parameters, but rather the need of the study. In the end, for the most dynamic but achievable research study, only six participants’ interviews of the twenty would be chosen for the final project.

The former education of this researcher was an especially anticipated problem as experience with qualitative thesis writing had been very little up to the point of this study. Extra research was needed to supplement this lack of knowledge including thesis structure, IRB protocols, and modalities of presenting data. Although this challenge posed a barrier, it was overcome by the undertaking of relevant courses and work, attendance of thesis preparation seminars, as well as guidance by faculty and staff within the sponsoring program.

ACCESS, ETHICS, AND INFORMED CONSENT

Each of the “screened” participants were made aware of the study topic, but not the specific research question. No preliminary sessions were recorded, and none of the discussions were used in this thesis in any form. The next meeting with each individual consisted of the consent form in which participants were informed prior to this meeting that an informed consent would be needed for their participation. The consent form was read to the participant and signed before any further continuation of the project was

administered. Each participant read and was verbally walked through the consent form to ensure understanding from the individual. The consent forms, once signed, were stored in a folder and kept under lock and key.

RESULTS

BRIEF HISTORY OF PHENOMENOLOGY

Phenomenology as a concept had a varied past before being incorporated into the field of psychology. Edmund Husserl, Satre, and Maurice Merleau –Ponty were some of the first individuals to begin using the phenomenological approach in the realm of philosophy (Giorgi 2009). They investigated how the “self,” or experiencing subject, interacted with any given experience. They found that the term “experience” is more complex than previously thought, splitting the experience into certain qualities such as directedness, embodiment, and worldliness, ultimately, coming to the conclusion that each individuals’ experience is fundamentally different from any others and each experience qualities are relative to the individual.

This idea of an experience being relative to the individual gave rise to the concept of intersubjectivity (Giorgi 2009). By understanding that two or more people could be involved in the same situation, and yet have experienced very different things, one can increase the ability to empathize with others. The nature of these subjective experiences was referred to as “qualia,” referencing the unique qualities each experience would have to a specific individual. In turn, this would also mean that’s each individuals’ interpretation of meaning of an experience would differ greatly.

In the 1970s, Amedeo Giorgi was one of the first to apply this approach into psychology using the descriptive phenomenological method (Giorgi 2009). His background was in the natural sciences, and he had hoped to incorporate the systemization and rigor of the natural sciences into psychology. This translated nicely into the field of psychology, and more specifically while gathering qualitative data, as the idea that one could look at the same topic, and yet have vastly different experiences and

meaning of those experiences of that topic is pivotal when trying to examine a particular question.

Phenomenology in the Present Study

In this study, the qualitative phenomenological method was used in order to break down the interview data and synthesize the main points. This method was used, as opposed to other data synthesis methods, to capture the experience of each individual focused on this study and understand their perceptions and perspectives of their situations as they relate to the foster care system. The phenomenological method aims to take commentary given by the participants and identify universal meaning from each individual story. Each narrative is taken as truth to reflect the reality of both the participants experience and their thoughts on the situation. This method was used due to the nature of the interviews and the subject matter. Any alteration to the text will be put in parentheses (()) to protect the identity of the subject, or the ellipse (...) to connect a continuation of thought located in different parts of the same sentence.

THEMES AND TESTIMONIES OF PARTICIPANTS

Below is a table with a general description of participants referenced below. Following are the emergent themes that were synthesized from the participant narratives.

Participant	Age	Relation to FCS
Participant A	62	Foster Parent
Participant B	47	FCS Worker
Participant C	24	Former Foster Child
Participant D	50	Foster Parent
Participant E	27	Former Foster Child
Participant F	35	FCS Community Worker

Table 1: Participant Identification Chart.

The FCS as an “Obstacle”

The foster care system as a whole seemed to be a reoccurring entity within the narratives. Participants didn't often speak about the foster care system as a collection of different parts and departments, but of the system as a singular force. This force was often spoken about in opposition of the goals of the speakers or the subjects they spoke about. Participant F spoke about a close friend's experience with the system itself and the people who represented the foster care facility.

(She) and I talked quite a bit about it cause it was really a challenging experience for her because it was hard, not working with the kids but working with the system... You also see them working within a system where their trying to keep kids safe so there's a lot of bureaucracy there that can feel frustrating and challenging.

Participant E spoke about how the foster care system also appeared to stretch outside of itself, using even the local judicial system to seemingly block the best interest and goals of the speaker.

When I had a pretty solid foster care placement, they were looking to get guardianship of me... but the judge had the discretion, I I don't, and I again I think this totally encapsulates foster care because I don't know exactly what happened, but my impression was the judge had discretion over whether or not they were capable of being guardians to me, like long-term guardians.

Skill and Perception of Employees

Another reoccurring theme was the emphasis on the importance of a skilled person from within the foster system working with the families and others involved. Skill in this context refers to a familiarity with the foster care system as well as a distinguishable usage of counseling skills that help the child, families, or other parties navigate the system without undue mental or emotional distress. Participant D described an encounter with a worker from the foster care network:

I was fortunate that she was very skilled, it is really scary when someone comes into your home when you've been accused of abuse or neglect, but she created this very non-threatening approach and said her priority was the safety of the children and wanted to support the family how she could and it was very very nice to see someone approach that side with a level of compassion but real real firm, that was amazing.

In this scenario, the participant describes a positive experience with a worker and the ease in which they handled a stressful situation. As one can see, this is not always the case. Participant A, describes a negative experience she had with the FCS who affected not only her, but to her foster child whom she was trying to adopt. Later, this narrative is contrasted with a positive experience followed by reflection of the ordeal.

That was a horrible experience. The child was in foster care at the time, and they kept trying to do a unification, and at the same time I was still taking care of her, so it was kind of hectic... they changed the counselors on me too many times. Well there was still drug use and alcohol use being done, and I was trying to tell the counselor the mother was still doing it, and I was trying to tell the counselor, but the counselor didn't want to be about it. She just kept trying to push the issue of reunification and not the child's safety and the mother ended up taking off anyway and abandoning her child so.

When asked about the outcome of the situation, the participant continued:

I pushed the issue and got another case worker. This lady worked one on one and was recovering from heroin addiction, so she knew what was all the vices were and what was to be expected which did happen so. She cared, she cared, She wasn't a paycheck and it wasn't just putting the kid though the system she really did care. I think sometimes it was more for the end results, the outcomes, and not necessarily the child's wellbeing and I think that's the difference.

The Participant A was prompted to speak more about the meaning of "outcomes" to her and asked what "outcomes" the case worker might have been looking for.

I don't know, I think the outcome she was looking for was reuniting the child with her parent regardless of what they did and I'm not sure what her objective was, but fortunately I carried on long enough that I got the good case manager. But she knew what she was talking about... and she had a foster child herself. And she was helping another mother with issues so, she was good.

Participant E spoke about her experiences with foster care workers, specifically at the facility where she spent most of her childhood.

No one becomes a social worker for the money, obviously they care, but none of them really had the time or the resources, because I was a good kid I would say, to really talk with me about what was the right thing for me to be doing about my future and what were the right choices.

Peer Support

Peer support, whether between foster children, foster care workers, or foster care parents seem to be an important indicator of success. Many participants mentioned this aspect as a salient piece of each success and failure. Participant B illustrated this point best, relating peer support to some of the successes seen with current and former foster children.

A memorable moment in my role was bringing on peer support, um, because recovery is a big issue, substance abuse is an issue as you would imagine if you're no attached and moved around 20 times. So bringing peer support and trying to hire people who have walked similar walk and can be there for the youth um and can really identify with that experience and help them feel hopeful and move them forward. That's really memorable to me... it started out really trying to work with people with those challenges and trying to reduce hospitalizations and what they found of course with adults and youth experience substance use issues is that to have someone who's in recovery, and we know this through AA, it's like a beacon for them and it can help someone sit in that space with you when you're in the middle of that struggle to have someone who has struggled before in that space themselves is just incredibly impactful. It doesn't mean someone who hasn't had that experiences can't be effective, I think it comes down to empathy um but they have just shown if you've had that lived experience yourself, the impact is just even more magnified. It increases hope.

Chaos in Foster Home Life

Repeatedly, foster care home life in the children's placements were reported to be somewhat out of the ordinary, unsettled, and sometimes chaotic. When those who are unfamiliar with the foster care system and home placements come into contact with the

environment, these outsiders have strong reactions. Participant B spoke about her experience as a child first encountering the system through a friend.

I went to her house and it was just different, it was set up different, bunk beds, there were four kids to a room. I was curious more. I was a very curious child. I wondered what it would be like to live that way. It wasn't cute like the brady bunch you know, the brady bunch was cute where you had three kids per room and they got to share, and it was warm and inviting and homey. This seemed a little bit institutional and I had never seen. It was metal bunk beds not cute, wooden, you know what I mean. The foster mom seemed nice, you know, but totally overwhelmed, cause she's doing you know like 10000 piles of laundry and trying to get dinner made you know so it was different. And another thing that struck me was that there were different ages and different ethnicities, different um, you know you had boys and girls. But that um that was different, because when you go into homes, you're usually seeing a more homogenous picture and so I saw this was interesting and intriguing, but not in a bad way. I thought it would be cool to have six brothers and sisters that represented more diversity, but it was kind of a stressful situation. But it was normal from her.

Participant A reflects on not only the physical chaotic setting of her relatives, but also how that setting could wreak emotional trauma.

I had nieces and nephews that were in foster care and they would run away, and one talked about being raped all the time and that was crazy... The moms were strung out on drugs and alcohol and they got their kids taken, um and in the of course of that, the kids were all separated, there were three of them and they all went to different foster homes and they would act out because of course they didn't want to be there. The mom was trying to get her act together and she would get them back, but then of course they would be back to take them for pretty much the same reason until they got too old for them to take them anymore. And the girl would run away all the time from the foster care cause she said she was being raped by the foster brother or father and the brother would be where ever he was and beat up family members, it was pretty tough for them for a while... They finally were old enough to take care of themselves and at 16 they were pretty much on their own until 18. But they did all finish school.

Participant C elaborated on their feelings of uncertainty and confusion living in a chaotic environment.

My first foster care placement was not a good placement, it was really confusing, my social worker didn't completely explain to me about where I was going, I was

unsure about how long I would be there, I wasn't sure if I would be going to school the next day. I didn't know how long I would be staying there. And the foster parents didn't know and their answer to everything was I don't know, you need to figure that out with your case worker. Um, so I didn't know who to talk to after I was placed, so it was just very confusing.

This participant continued her story about chaotic environments that consisted of unsure foster parents that impacted her daily life.

I felt the majority of the foster families I was with were disengaged and disempowered from the whole foster care system, which they it's true they don't have a lot of control over what's going on and um they were very much not invested in my future. Like I know they wanted me to do like after school activities, but because of the policies, they weren't sure if I was able to stay after school late to play sports and what not, um and then they weren't sure what was best for me because I wanted to go back and take care of my dad.

Importance of “Roots” and Stability

The saliency of having roots and stability came up often for many of the participants, usually as it pertained to foster children constantly having to move around from placement to placement. Some mentioned outright the adverse effects that this can have on kids while others spoke on broader negative effects. Participant B spoke on this topic.

I think kids experience it as chaotic. For me I think the youth have had a lot of different placements and their experiences are disjointed, um, and as a result, it's hard for them to have roots. So, I think what we're trying to do is help them find their roots and help them find an environment that's safe and provides unconditional support, sees their strengths.

They went on to provide examples of this phenomenon.

I just attended a luncheon where they talked about this. They said if you talked to the 33000 kids in foster care and you gave them a choice on where they could live, they would all choose to go home. So, despite the neglect and abuse in their home, that's home to them. So, the fact they're pulled from a home that's not healthy and then shuffled from home to home. Um, forming healthy attachments

is very difficult. So, imagine leaving a home that was unhealthy, and then going to a place and unpacking this time and you put your stuff away and you get to sleep in a bed for a while, and you get to go to that class, and you get to have that teacher for a while, and then 2 months later you have to pack all that stuff up, whether you did something or not, something changed, you have to go to another school and you just start to feel more and more different and eventually you stop unpacking honestly. I've seen kids move with their stuff in trash bags, in pillow cases, it's very last minute and I think lack of attachment is self-preservation. And kids that can get attached in a short period of time are bounced around, that's pretty miraculous.

Participant F shared a story about what happens when foster children do attach correctly and are not shuffled around from place to place.

There's definitely fewer placements, fewer placements you're going to have better results and healthier attachments so some kids I'm aware of a family member who seen a nurse who was raised in foster care but she was placed in one foster home and she was raised there the whole time and she has very healthy attachments, she's a nurse in an icu for babies, and she's amazing, amazing, and she got through college fine and she's healthy and active and self-sufficient and is in a healthy relationship, but she was in one foster home and that was her home and she became attached and got the love and support she needed.

Participant E also echoed these sentiments, continuing her narration.

So the judge decide they couldn't get long term guardianship of me, so I thought well I guess I just need to go back, and within six months I was given the option to go back with my dad and help him get clean again trying things with him, and I opted to do that because it just seemed like the best option for permanency and for not you know for being able to be in school like it just seemed like the best option...I just can't help but wonder, it was a good infrastructure and place if that could have been a good place for me um and I could have had, now at 27, a good support system I could have had for years, I could have had if it worked.

Generational Trauma/Healing

Generational trauma, or conversely generational healing, are concepts that encapsulate the notion that within a family, or sometimes a community, the same patterns of trauma or resilience can repeat themselves through multiple generations. Sometimes, past traumas can be rectified by learning from the past, and assuming the future for the

next generation. This idea is especially important for children going through the FCS in how they treat their own offspring, as Participant F remarked:

But yeah roots are important, because how do you develop healthy relationships, how do you parent in a healthy way if you've never really got that healthy attachment?

Participant D illustrated this point with a recollection of a past family member's loss of her children to the FCS.

She apparently moved on with her life and settled down, and is apparently a good mother right now. But she never got her other kids back, they were eventually adopted out. They ended up ok...They ended up grown with children of their own so they seemed to have ended up ok.

When asked why these children "seemed to have ended up ok," the participant responded.

Because they didn't want to repeat what was done to them and um then all that went on, the still loved their mom, no matter what went on. They're all single parents, but they love their mom and their mom still was there and pretty much got over her drug addiction and alcoholism and got her life together, but they didn't want to repeat the vicious circle and that's why I think they made sure they were going to do better with their lives than what they and done to them, for their future children also.

Training and Responsibility

The training of the foster parents seems to be one theme that cropped up in nearly all of the interviews. Participants across the board felt as though foster parents, who are often the main and most readily accessible support system available to foster children, were ill prepared in their dealings with the children. Participant F remarked about her own mother, who was a former foster parent.

She served enough kids to where she felt an impact, but to do it over the long haul, it would have taken more of people, maybe within the system, training, coaching supporting, and you know and her not feeling so responsible for the outcome of these kids.

Participant D expressed their hesitation in taking in future foster children.

I don't know if I would be able to deal with the younger generation, with the mouth and the attitude and not knowing what they went through prior, whether they were abused or whether they had anger issues, that's scary right now.

When asked what it would take to feel prepared to take in these youths, she responded.

A little more training on the know-how, maybe on the psychological effects that some of the kids went through, a little more knowledge of that, how to deal with certain circumstances, the anger issues the abuse issues that, and like I said, I was fortunate enough not to be involved with that... It wasn't long enough like I said it was a mini mini course, I think there should have been other education for it for people who do it long term. For mental health and for behaviors, behavior issues. We should get some training by professionals on how to deal with it and maybe some of those foster parents who are ignorant and treat the kids wrong would know better. Or maybe they just would continue to do it, I don't know, but for me it would have helped if I had a bit more schooling and um education with how to deal with foster children who had ADD or whatever.

DISCUSSION

Issues that have arisen during these interviews seem to serve as potential areas of stress that could later develop into mental health issues for foster parents, foster care workers, and most importantly, the foster children themselves. There were various times during the interviews where the participants spoke directly to some of the more salient situations that were not uncommon across participant narratives, and which had certain qualities that were shared throughout the participants' stories.

The foster care system, as the participants were speaking about it, seems as though it is an entity that is posed as an obstacle, separating individuals from their goals, whether that be unification, matriculation, etc. The FCS was almost villainized in a way, seen as something to overcome rather than a system for help. The foster children in this study echoed the sentiments above, often stating that it seemed as though they were constantly fighting, not against any one person, but the organization as a whole. This can be extremely tiresome for children, having an unseen "enemy" that they don't quite understand, but that dictates their life. This state of constant alertness and combativeness can cause undue stress on a child, and could lead to anxiety or other mental disorders.

As referred to in the above sections, instability and chaos in the environment of a child can contribute to the development of mental illness, especially when this instability is chronic and over a variety of different spheres of the child's life. Home, school, and social lives can be uprooted at a moment's notice in many cases where foster care placements are suddenly changed. This theme of a chaotic environment within foster care placements seemed to reoccur throughout the narratives. Participant B spoke strongly to this theme during her testimony where she spoke on the fact that foster children were more likely to request to go back to the toxic home life they were taken from, purely

because they crave some sort of stability they were not getting from the constantly shifting foster care environment. It is easier for these children to remain in one home, however dysfunctional, than to constantly change homes in the foster care system. They are willing to accept abnormal and often abusive situations perpetuated by their biological families rather than weather the stress of the chaotic nature of foster care. But, as previously referenced in Chernoff et al. (2003), this maltreatment is often correlated with mental illness. And so it is difficult to navigate which is better for the child: a placement in a constantly changing, stressful environment, or stability at the cost of potential abuse. Participant E, a former foster care child, spoke of wanting to reunite with her biological father who was a heavy alcohol abuser, one of the many reasons being because she found that life was more stable than in foster care, even though she knew her father's condition was less than ideal to be a reliable parent. Having to balance between an unstable life in foster care and an abusive life under an alcoholic father parallels many of the stories that were given, neither scenario lending itself especially well to mental wellness. Stated in the article by Liebschutz et al. (2002), "effects of maltreatment on adolescents are both immediate and long term, with victims at increased risk during adulthood of mental health problems, including depression, anxiety, traumatic stress, and substance abuse."

The themes of a drug using biological parent, as well as the uncertainty and hectic life style directly impacting the life of the child, were by no means isolated to Participant E. Participant A, a foster parent, spoke of a situation in which a case manager who worked with the foster care system seemed to want to reunite the child with their biological parents by any means necessary, even though it seemed as this would not have been the best situation for the child. The child's mother was a heavy drug user, and Participant A was afraid and angry about the perceived need to reunite with this person

who posed a danger to their child. As stated above in research done by National Center on Addiction and Substance Abuse, “seven out of 10 abused or neglected children had substance addicted parents.” These sentiments were echoed by Participant D, another foster care parent, who had relatives in similar situations, whose children were taken because of their drug using habits. These children later landed in deplorable foster care conditions, which would have only exacerbated any development of mental health issues.

Another topic that came up often was the lack of training that foster parents received in order to deal with any arising mental health issues, or issues that were there at initial placement. Reis, Zito, Safer et al. (2011) expressed imminent concern about the rise of children exhibiting emotional and psychological disorders stemming from the co-occurring rise in removal situations due to abuse and neglect. In this article, they found between 40-60% of youths in foster care have at least one diagnosed psychiatric disorder. This is extremely problematic when the narratives of participants in this study often stated feelings of being unprepared to deal with these mental health issues, as well as what to expect in regards to how the foster care system would offer support. Participant D spoke to this theme when discussing the parameters by which they would consider fostering another child. They felt they were inadequately trained to raise a foster child who may be dealing with psychological issues. Having unprepared or undertrained caregivers could exacerbate or cause development of psychological issues in children in an already chaotic environment. In the same article by Reis, Zito, Safer et al. mentioned a variety of barriers that prevent low income families to receiving mental health treatment. If foster families who are low income are not receiving adequate training in dealing with mental health issues of their foster children, and are at the same time weathering barriers to access to mental health in their community, the foster children in these situations have even less of a chance to help prevent or mitigate and mental illness. Harman, Childs &

Kelleher (2016) claimed that even though the FCS had about six times more mental health claims than the general population, the prevalence of mental health issues in foster children was still two to three times higher than the general population. As told through the narratives and research, it seems as though regardless of the involvement of biological family, the foster family, or the foster system itself, mental health issues continue to develop in foster children at higher rates than other demographics due to a variety of system failures at nearly every level of a foster child's foster experience.

CONCLUSION

As evidenced by the literature as well as this study done in recent weeks, it becomes apparent that there are many contributions to the prevalence of mental illness in the foster care system. It would be irresponsible to assign blame onto any one part of the FCS, but rather it is important that one takes a good look at the entire structure, from the environment before admittance until the child is either placed for adoption or matriculated out. There seem to be stressors and mental health indicators on nearly every level of the foster care process, and it is important to examine these stressors so that the appropriate protocols are put into place to ensure these children have the resources they need.

Since foster children are not dealing with the foster system directly, it is of the utmost importance that the people that they are working with are compassionate and empathetic as well as advocates for these children. The relationship between foster care worker and child, whether in the foster facility, CPS, or another part of the FCS, should be built of trust. With trust in a relationship, the child can develop a sense of stability and feel safe enough to develop healthy attachments. Foster parents are also a key element, as this idea of a competent worker/parent could make all the difference in the life of a foster child. Instead of a foster child imagining that they are alone in the system and have no stability, a highly trained foster care worker could change this narrative and offer the child support in the ways they need it most. To have a trusted, stable, reliable adult in the lives of these children is one of the most salient needs. This mentality must also be adapted to the physical environment of a foster care child. Having a child bounced around from placement to placement seems to have the same effect of instability as not having a constant adult to rely on. By having a steady support system, foster children can

learn to trust and attach to the adults around them, and rely on them for support, whether there are day-to-day issues, or bigger problems in the child's life. By learning to rely on others and not take on the burdens all themselves, this can relieve cognitive strain and therefore could reduce the likelihood of developing some of the more prevalent mental health issues we see in this population.

Another argument that could be made is the need for more government funding for these children. Armstrong, Dedrick, & Greenbaum (2003) stated that despite prevalence of mental disorders in foster children, often child welfare services have limited resources for assessment of these disorders. Since these facilities are often state run and limited by the funds they receive, it is important that those who know of the lack of resources, and subsequent lack of opportunities for these children, voice their concern and become advocates in their community. This, at the same time, might begin to lessen the stigma associated with the foster care system by beginning the conversation.

The most notable limitation of this study was that all but one of the participants were female. The female participants might have had a bias or certain point of view based on their gender reflected in their response. Would this study be done again, more male volunteers must be recruited for a more balanced study. Some of the implications of this study include the revelation that not only are resources limited to this population, but also the support to gain access to these resources is not there. One study showed "regardless of need, use of outpatient mental health services declines from approximately 21% among 12- to 17-year-olds to about 11% among 18- to 25-year-olds... when reaching young adulthood, about half had one or more indicators of mental health needs—almost double the national 12- month estimates for English-speaking respondents aged 18 years or older for any mental disorder as measured by diagnostic interviews" (Armstrong et. al., 2003). The implication here is that without strong guidance toward mental health and

other resources, the children and young adults will not seek them out themselves. More support is needed to encourage the youths who are in mental health services to continue to seek them out after they leave the foster care system.

This study was done in the hopes of uncovering information about where “fault” might lie pertaining to mental health issues in the foster care community including taking into account the experiences children bring with them. But, as it turns out, the research raises more questions than it answers, and seems to span across many different facets. More studies must be done in order to narrow the search for an answer to this critical problem. One thing is certain, the foster care community needs to have light shed upon it to better understand and help the children of the system.

Appendices

Appendix A: Consent Form

Consent for Participation in Research

Title: Investigation of mental health contributing factors within the foster care network

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. The person performing the research will answer any of your questions. Read the information below and ask any questions you might have before deciding whether or not to take part. If you decide to be involved in this study, this form will be used to record your consent.

Purpose of the Study

You have been asked to participate in a research study about how mental health of individuals may be affected by the foster care environment. The purpose of this study is examine the factors that may be involved in the formation of mental health issues, or lack thereof, in individuals who have been through the foster care system.

What will you be asked to do?

If you agree to participate in this study, you will be asked to

- **Speak about your experiences related to the foster care network**
- **You will be asked to participate in 1-3 interviews of 45-90 minutes in duration each.**

This study will take approximately 45-90 minutes for 3 sessions (ideally) and will include approximately 20 study participants. The maximum total participation time will not go over 90 minutes.

Your participation will be audio recorded.

What are the risks involved in this study?

Risks to the individual include potential emotional distress. As per the informed consent, participants may discontinue the interview at any time for any reason. If there is a significant emotional or psychological harm done by this study, IRB will be notified immediately and proper avenues for recourse will be explored. Additionally, local emergency hotline numbers will be provided for clients and used in cases of emergency.

What are the possible benefits of this study?

There are no direct benefits for participating in this study. The possible benefits of participation are the ability to speak about past experiences in a confidential environment. This can offer closure. In addition, once the project is completed, you may request a copy of the findings and these may offer insights factors that may effect the experience of foster care.

Do you have to participate?

No, your participation is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time. Withdrawal or refusing to participate will not affect your relationship with The University of Texas at Austin (University) in anyway.

If you would like to participate please sign below and hand the form to the researcher. You will receive a copy of this form.

Will there be any compensation?

You will not receive any type of payment participating in this study, however, a copy of the completed project can be made available upon request.

How will your privacy and confidentiality be protected if you participate in this research study?

Your privacy and the confidentiality of your data will be protected by ensuring all recorded data as well as subsequent synthesis of that data will be stored on a secure server (UT Box). Recordings will be kept for no longer than five years following the conclusion of the study. Data will be anonymous. The audio recordings themselves will not be in the final project, there will be no risk of breach of confidentiality via voice recognition. Deletion of the recordings and synthesis of the data will occur five years after the conclusion of the study.

If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with you, or with your participation in any study.

If you choose to participate in this study, you will be audio recorded. Any audio recordings will be stored securely and only the research team will have access to the recordings. Recordings will be kept for 5 years and then erased.

Whom to contact with questions about the study?

Prior, during or after your participation you can contact the researcher **Natalya Lynn at 216-224-9265 or send an email to natalya.lynn@utexas.edu** for any questions or if you feel that you have been harmed.

Whom to contact with questions concerning your rights as a research participant?

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 471-8871 or email at orsc@uts.cc.utexas.edu.

Participation

If you agree to participate **please sign below and hand the form to the researcher.**

Signature

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

NOTE: Include the following if recording is optional:

_____ I **agree** to be audio recorded.

_____ I **do not** want to be audio recorded.

Printed Name

Signature

Date

As a representative of this study, I have explained the purpose, procedures, benefits, and the risks involved in this research study.

Print Name of Person obtaining consent

Signature of Person obtaining consent

Date

Appendix B: Interview Guides

Interview Guide (Initial Interview For Workers)

How are you doing today___?

Response

We are going to spend a little time together and speak about your experiences in the foster care system. If at any time you feel uncomfortable answering a question or a need to stop the interview, please let me know and we will move on or discontinue the interview. Do you have any questions?

Response

Great, first, can you tell me how you are connected to the foster care system? How long have you been involved?

Response

What were the circumstances surrounding your initial involvement in the FCS?

Response

How were others close to you impacted by your decision?

Response

What had you heard about the FCS prior to your involvement with it?

Response

Has that been your experience?

Response

If different, what has your experience with the foster care system been like so far?

Response

Are there any memorable moments that stand out in your mind when you think about the FCS?

Response

What are some positive aspects you associate with the foster care system? Negative?

Response

Has your experience with the FCS changed you personally?

Response

Having had the experiences that you did, would you have done anything different if given the chance?

Response

Interview Guide (Initial Interview For FCS parents)

How are you doing today ___?

Response

We are going to spend a little time together and speak about your experiences in the foster care system. If at any time you feel uncomfortable answering a question or a need to stop the interview, please let me know and we will move on or discontinue the interview. Do you have any questions?

Response

Great, first, can you tell me how you are connected to the foster care system? How long have you been involved?

Response

What were the circumstances surrounding your initial involvement in the FCS?

Response

What made you decide to become a foster parent/caregiver?

Response

How were others close to you impacted by your decision to become a foster parent/caregiver?

Response

What had you heard about the FCS prior to your involvement with it?

Response

Has that been your experience?

Response

If different, what has your experience with the foster care system been like so far?

Response

Are there any memorable moments that stand out in your mind when you think about the FCS?

Response

What are some positive aspects you associate with the foster care system? Negative?

Response

What was your relationship like with your foster child?

Response

If applicable, how was your experience with your foster children different from your biological children?

Response

Has your experience with the FCS changed you personally?

Response

Having had the experiences that you did, would you have done anything different if given the chance?

Response

What advice would you give to other foster parents?

Response

Interview Guide (Initial Interview For FCS “Graduates”)

How are you doing today___?

Response

We are going to spend a little time together and speak about your experiences in the foster care system. If at any time you feel uncomfortable answering a question or a need to stop the interview, please let me know and we will move on or discontinue the interview. Do you have any questions?

Response

Great, first, can you tell me how old you were when you entered the foster care system?

Response

Do you remember any feelings you had when you first entered?

Response

What was the earliest experience you remember in the system?

Response

What has your experience with the foster care system been like?

Response

Are there any memorable moments that stand out in your mind when you think about your time in the FCS?

Response

What are some positive aspects you associate with the foster care system? Negative?

Response

How was your relationship with workers in the FCS facility? With other children?

Response

How has your experience with the FCS changed you personally?

Response

If applicable, what was your experience with you foster family like?

Response

How would you describe your relationship with them?

Response

What was school like?

Response

Did you perceive any differences between you and other children?

Response

What would your advice be to other children in the foster care system?

Response

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